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7590

08/19/2004

Tomas Kayden Horstemeyer & Risley LLP 100 Georgia Parkway Suite 1750 Atlanta, GA 30339-5948

11/22/2004 MAHMED2 00000109 200778 09514119

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EXAMINER

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nonprovisional

665.00 DP

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TOTAL FEE(S) DUE

\$665

DATE DUE

11/19/2004

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/514,119	02/28/2000	Phyllis A Schneck	62004-1330	.926\$

PUBLICATION FEE

20

CLASS-SUBCLASS

ISSUE FEE

\$665

ART UNIT

TITLE OF INVENTION: ADAPTIVE DATA SECURITY SYSTEMS AND METHODS

SMAIL ENTITY

YES

ABRISHAMKAR, KAVEH	2131	700-009000					
1. Change of correspondence address or indication of "Fee Address" ((37	2. For printing on the patent front page, list					
CFR 1.363). Change of correspondence address (or Change of Correspondence).		(1) the names of up to 3 registered patent and or agents OR, alternatively,	torneys	Thomas, Kay			
Address form PTO/SB/122) attached.	ice	(2) the name of a single firm (having as a me	mher a	2Horstemeyer	, & Risle		
U "Fee Address" indication (or "Fee Address" Indication form PTO/SH/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.	mer	registered attorney or agent) and the names o 2 registered patent attorneys or agents. If no n listed, no name will be printed.	f up to	3			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED	ON TI	IE PATENT (print or type)			·		
PLEASE NOTE: Unless an assignee is identified below, no assignee or identified new forth in 37 CFR 3.11. Completion of this form is	ignec da is NOT	ata will appear on the patent. If an assignce is a substitute for filing an assignment.	s identifie	d below, the document h	as been filed for		
(A) NAME OF ASSIGNEE Georgia Tech	(B)	RESIDENCE: (CITY and STATE OR COUNT	RY)				
Research Corporation		Atlanta, Georgia		1			
Please check the appropriate assignee category or categories (will not	be prin	ted on the patent); 🔲 individual 🖒 corpo	oration or o	ther private group entity	Q government		
4a. The following fee(s) are enclosed:	4b.	Payment of Fee(s):					
XO issue Pee	C	A check in the amount of the fee(s) is enclose	ad.				
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□ Advance Order - # of Copies	1	The Director is hereby authorized by charge Deposit Account Number 20-0778	the requi	red fee(s), or credit any lose an extra copy of this	overpayment, to form).		
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Q a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	C	b. Applicant is not claiming SMALL ENTITY	status. Se	e, e.g., 37 CFR 1.27(g)(7	ł).		
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